



## **TOWN OF IGNACIO BANNER APPLICATION FORM**

Organization Name: \_\_\_\_\_

Applicant \_\_\_\_\_

Phone No. \_\_\_\_\_

Content of Banner: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dates Banner is to be Hung: (Not to exceed 15 days):

From: \_\_\_\_\_ To: \_\_\_\_\_

\_\_\_\_\_ Current Town's Insurance

\_\_\_\_ Town Maintenance Crew will Hang and Take Down Banner

\_\_\_\_\_ Proper Traffic Control